

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/701098

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
							51						
							52						
							53						
							54						
							55						
							56						
							57						
							58						
							59						
							60						
							61						
							62						
							63						
							64						
							65						
							66						
							67						
							68						
							69						
							70						
							71						
							72						
							73						
							74						
							75						
							76						
							77						
							78						
							79						
							80						
							81						
							82						
							83						
							84						
							85						
							86						
							87						
							88						
							89						
							90						
							91						
							92						
							93						
							94						
							95						
							96						
							97						
							98						
							99						
							100						
TOTAL							TOTAL						
IND.							IND.						
DEP.							DEP.						
TOTAL							TOTAL						
CLAIMS							CLAIMS						

BEST AVAILABLE COPY